



DISCLOSURE 1 – INDIVIDUAL: INFORMATION

Refer to the Application Instruction Booklet for instructions on how to complete this form at: www.michigan.gov/mmfl

Individual's Name

(1) DOING BUSINESS AS

Please provide the list of counties where the "Doing Business As" name has been filed. If there are no counties where the "Doing Business As" name has been filed or the applicant is not a sole proprietor, write "N/A".

(2) GOVERNMENTAL AFFILIATION

Do any of the following apply to the individual?

- ☐ Yes ☐ No Member of or employed by a regulatory body of a governmental unit of this or any state or the federal government
- ☐ Yes ☐ No Employed by a governmental unit of this state
- ☐ Yes ☐ No Holds a paid, appointed, elected, or volunteer position within or related to a governmental unit of this state, another state, or the federal government

If the answer was **yes** to any of the above questions, you are required to complete the following information.

Governmental Unit	Jurisdiction	Title/Position
Description of Position	Type of Position (e.g. Paid, Appointed, Elected, Volunteer)	
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(3) INDIVIDUAL'S PRIOR NAMES

Provide all prior names used by the individual for the past **three years**. If there are no prior names, write "N/A".

Prior Name	Address	City, State Zip	Date Use Ceased
Prior Name	Address	City, State Zip	Date Use Ceased
Prior Name	Address	City, State Zip	Date Use Ceased

(4) INDIVIDUAL'S PRIOR ADDRESSES

Provide all prior addresses used by the individual for the past **three years**. If there are no prior addresses, write "N/A".

Prior Address	City, State Zip	Date Use Ceased
Prior Address	City, State Zip	Date Use Ceased
Prior Address	City, State Zip	Date Use Ceased